DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Delaware Division of Public Health
HIV Prevention Program

HIV TESTING PROTOCOL

TABLE OF CONTENTS

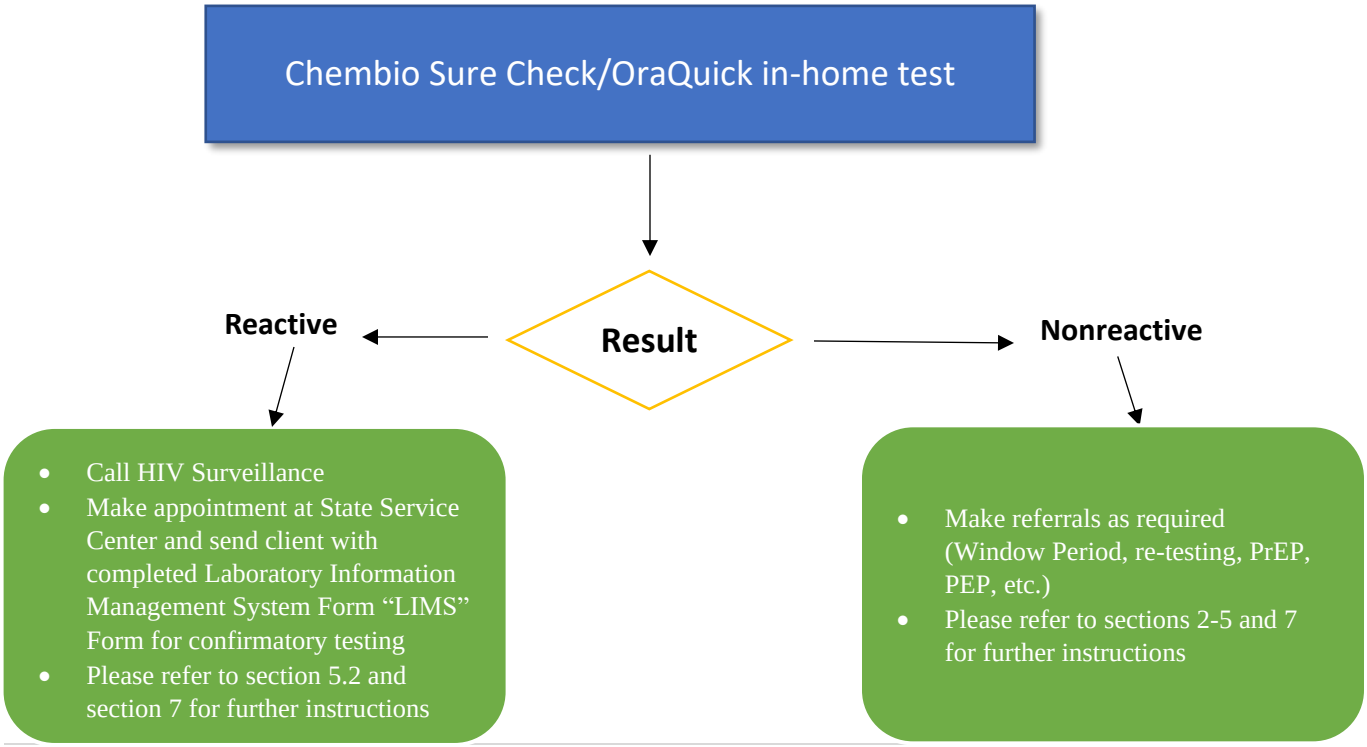
1. AT-A-GLANCE TESTING FLOWCHART

Guidance for the Chembio Sure Check Rapid Test/OraQuick in-home rapid test

When a Chembio Sure Check rapid test or the OraQuick (See page 5) in-home rapid test is **reactive** for HIV-1/2 antibodies:

- The patient will be counseled that they have a preliminary positive result, which may be an indication that they were recently infected and should refrain from risky behaviors. They will then be referred to services/linked to care services.
- If blood was drawn at the testing site vs. a finger stick, the sample will be sent to the Public Health Lab for confirmation testing.
- If blood was not drawn:
    - The patient must be referred for immediate blood work to the nearest (most convenient for the patient) State Service Center (SSC) that provides HIV testing for a blood draw. Appointment is required prior to sending the client to the State Service Center. Ensure that a completed Lab requisition form (attached) accompanies the patient (See page 9, Section 7.1)
    - Prior to scheduling the client's first care appointment confirmation results are required.

The below flow chart is included for easy reference:



2. INFORMED CONSENT

Requirements of the Delaware law for informed consent for testing is presented below, addressed separately for rapid HIV testing and for lab-based HIV testing. Regardless of the delivery method, the counselor should be able to answer any questions the client may have.

Title 16, Chapter 7, Subchapter 2, § 714 Definitions

2.1 CONFIDENTIALITY

Confidentiality is the protection of entrusted information from unauthorized use, access, or disclosure. The Delaware Department of Health and Social Services (DHSS), Division of Public Health (DPH), HIV Prevention Program and all contracted and non-contracted partners, will adhere to the law regarding confidentiality and protected health information (PHI). The DHSS-DPH Notice of Privacy Practices can be found here.

Title 16, Chapter 7, Subchapter 2 § 717 Confidentiality

Title 16, Chapter 12, Subchapter 2, § 715 Consent for HIV Testing (c)

(c) Notwithstanding any other provision of law, a minor 12 years of age or older may consent or refuse consent to be a subject of HIV-related testing and to counseling relevant to the test. The consent or refusal of the minor shall be valid and binding as if the minor had achieved majority, and shall not be voidable, nor subject to later disaffirmance, because of minority.

2.2 CONSENT FOR TESTING

All service providers will obtain the client's informed consent before testing for HIV, pursuant to law.

Title 16, Chapter 7, Subchapter 2, § 715 Consent for HIV Testing

2.3 CLIENTS SEEKING FREQUENT HIV TESTING

Many clients access HIV testing services on a frequent schedule, relative to individual levels of risk for infection. These clients have received counseling on risk, risk reduction, testing procedures, and the consent requirements. In this case, the counseling process may be shortened, and the provider may adjust the information exchange to focus less on general information and more on the client's specific risks/risk-reduction needs. The Counseling, Testing, and Referral (CTR) form is still required to be completed for the client and entered in Evaluation Web (see section 2.4).

Counselors will also use these visits to inform patients of available PrEP and HIV prevention services available throughout the state. Services include DelawarePrEP.org, Syringe Services Program, and the DelaWEAR ONE Mail Order Condom Program.

2.4 COUNSELING AND TESTING FORM (CTR Form)

This form is provided by the DHSS DPH HIV Prevention Program and will be utilized for each client and completed copies are required to be kept securely and for one year. The CTR Form is required to be completed with each client. This form is required to be entered into Evaluation Web within 7 days for a non-reactive test result and within 24 hours for any reactive test result. This is required by CDC and prior to assigning the case to a Disease Intervention Specialist (DIS)/Partner Services.

The instructions to complete the CTR Form can be found at the end of this document (see icon attached for printout).

3. DPH TESTING

The HIV rapid tests currently used in DPH testing are:

1. Chembio Sure Check HIV 1/2 Assay

This test requires a finger-stick and a drop of blood that provides results in 15 minutes. **Do not read results after 20 minutes.** The test detects antibodies that the body produces in response to an HIV infection.

2. OraQuick in-home oral rapid test

(This pertains to directly funded CBO's using CDC and Prevention Program resources for in home distribution of oral rapid tests to include State Service Centers) This test is the first FDA-approved oral swab in-home test for HIV-1 and HIV-2. It's an oral swab test that doesn't require blood. Results are obtained in 20 minutes. **Do not read results after 40 minutes.**

The Delaware Public Health Laboratory (DPHL) performs antigen/antibody combination assays on blood samples taken via venipuncture. Results are usually provided within three (3) to five (5) business days. The lab tests for both antibodies and the p24 antigen. The DPHL can also perform the HIV-1/HIV-2 differentiation immunoassay.

3.1 TESTING RESULTS FLOW

A **non-reactive** HIV screening test result:

- May mean that the client has been infected for less than two (2) weeks and/or has been infected longer than two (2) weeks but has a slow immune response to the virus. Individuals with a slow immune response to the virus could take up to ninety (90) days to have an accurate test result. It is essential to impress upon clients to provide accurate and honest information related to potential exposures so the counselor can make appropriate recommendations for re-testing.

A **reactive** HIV screening test result (Sure Check and OraQuick):

- Is very accurate, and will be confirmed by further testing, but it is so sensitive that it can, on rare occasions, produce a false positive result.

- Pregnancy can sometimes produce false positive test results, and it can be difficult to determine HIV status without further assessment. Early treatment can prevent the transmission of HIV from mother to child.
- A reactive HIV screening test is <u>always</u> confirmed with another test. In Delaware, DPH contracted providers of Counseling, Testing, and Referral Services (CTR), certain Title X agencies, or any of DPH's other service partners under contract or MOU are required to make appointments for clients with a reactive Chembio Sure Check or OraQuick in-home test to one of the State Service Centers listed below for a blood draw. Once drawn, blood samples will be sent to the DPH laboratory for a confirmatory testing.

<table>
<tr><td>New Castle County:
Winder Laird Porter State Service Center
509 W. 8th Street
Wilmington, DE 19801
(302) 777-2860</td><td>Kent County:
James W. Williams State Service Center
805 River Road
Dover, DE 19901
(302) 857-5000</td><td>Sussex County:
Thurman Adams State Service Center
546 S. Bedford St.
Georgetown, DE 10047
(302) 856-5241</td></tr>
<tr><td rowspan="2">New Castle County:
Floyd I. Hudson State Service Center
501 Ogletown Rd, Newark, DE 19711
(302)-283-7587</td><td rowspan="2">Kent County:
Milford State Service Center
253 NE Front St.
Milford, DE 19963
(302) 424-7140</td><td>Sussex County:
Shipley State Service Center
350 Virginia Avenue
Seaford, DE 19973
(302) 628-2000</td></tr>
<tr><td>Sussex County:
Edward W. Pyle State Service Center
34314 Pyle Center Rd.
Frankford, DE 19945</td></tr>
</table>

3.2 LAB SLIPS

DPH HIV Surveillance requires a lab slip with a reactive Chembio Sure Check or the OraQuick in-home test before referral to Disease Intervention Specialists and prior to entering clients into Enhanced HIV/AIDS Reporting System (e-HARS). When the result is reactive, testing organizations are required to first contact by phone HIV Surveillance office, to ascertain whether the client is a new or previous positive. Also, a lab slip is required, via fax, to HIV Surveillance within 24 hours or by the next business day. A case report form is required to be completed and submitted via fax to HIV Surveillance.

All client information is required to be completed within the lab slip. Please ensure all information is completed, correct, and legible.

The link for the Lab Slip is located at the end of this document. It can be used for hard copies or saved digitally.

FAX LAB SLIP TO:	HIV SURVEILLANCE CONTACT NUMBERS:
Attn: HIV Surveillance Thomas Collins Building 540 S. Dupont Highway Dover, DE 19901 (302) 739-2550	(302) 744-1005 (302) 744-1006 (302) 744-1226

4. LAB BASED TESTING

A blood sample for lab-based testing is drawn via venipuncture. The sample is then sent to the DPHL where an antigen/antibody combination assay will be run on the sample. The results of most tests performed at the DPHL will be available within three (3) to five (5) business days.

The results will be reported as follows:

- If the test is negative for the p24 antigen or antibodies, there is no laboratory evidence of HIV infection. If recent HIV exposure is suspected, the client will receive recommendations for retesting based on last known exposure date.
- If the test is reactive, the client will be provided with appropriate counseling and linked to HIV care services.

5. DELIVERING RESULTS

5.1 DELIVERING A NON-REACTIVE (NEGATIVE) HIV SCREENING TEST RESULT

When delivering the results of a non-reactive (negative) HIV screening test to the client, emphasize that the test may not detect a very recent HIV infection as the body may not yet have produced sufficient antibodies against the HIV virus for the test to detect it.

It is extremely important that the client is as honest as possible about exposure/risky behaviors and other information requested so the counselor can make appropriate recommendations about retesting.

No inferences will be made on the HIV status of the client's partner based solely on the client's test results. Encourage the client to talk to their partner(s) about being tested; for the partner(s) to know their status, they need to get tested.

A negative test result should not encourage the client to continue to engage in risky behaviors. To remain HIV-negative, the client will need to practice non-risky behaviors, including retesting when needed.

If the client is engaging in risky behaviors, counselors will educate the individuals on the benefits of pre-exposure prophylaxis (PrEP). If a referral is appropriate and the DPH PrEP Navigator is the selection for client PrEP assistance, please submit the Delaware HIV Prevention -Standard HIV PrEP Referral Form by fax to (302)-739-2550 to the attention of the Delaware Public Health HIV PrEP Navigator. If assistance is required, please contact (302)-612-2102 and consult the PrEP Navigator. The link for the Delaware HIV Prevention – Standard HIV PrEP Referral Form is located at the end of this document.

If the client was exposed to HIV in the last 72 hours, please contact the nearest State Service Center to discuss options for post-exposure prophylaxis (PEP).

5.2 DELIVERING A REACTIVE (PRELIMINARY POSITIVE) HIV SCREENING TEST RESULT

When delivering the results of a reactive HIV screening test result to the client, emphasize that the test is reactive for antibodies only. Although very accurate, false positive results are possible and it will be necessary to confirm the results with a second, lab-based test.

If the client refuses confirmatory testing or indicates that they will follow up elsewhere, that information is required to be reported to the HIV Surveillance Office by calling and faxing the completed lab slip.

The result is considered preliminary positive, and as stated above, the client will be sent to the nearest State Service Center for a blood draw with an appointment.

The counselor will deliver the result simply and directly:

- Ask if the client understands what the result means.
- Emphasize the need to avoid risky behaviors that increase the possibility of passing the virus to others.
- Have references for referrals and resources prepared.

The client will have the option of entering treatment, either at an HIV Wellness Center or a private provider. The counselor will pro-actively facilitate connection of the client to the option selected.

By law, all cases are required to be reported to HIV Surveillance. It is highly recommended that they be contacted at the time the client receives the reactive result.

The counselor will inform the client that they will be offered partner services. A DPH Disease Intervention Specialist (DIS) will be in contact to interview clients about their sexual/needle sharing partners and will offer to assist them in notification and will notify those partners of their exposure and encourage them to seek HIV testing. The service is confidential, and the partners notified will never be told of the client's identity or any identifying information.

Note: If a client reports to a State Service Center for a blood draw, they may be interviewed by DIS personnel at the same time. This would alleviate the requirement to interview the client later, as DIS personnel are located at State Service Centers.

All personal protected health data is secure and confidential and will not be shared without legal authorization. For a thorough explanation of Delaware Health and Social Services (DHSS) HIPAA Privacy Rule, protection for all persons, please visit DHSS HIPAA Privacy Rule FAQs. If there are any questions about privacy, you can contact the HIV Prevention office.

6. CONNECTING CLIENTS TO TREATMENT SERVICES

The counselor, at the point of delivering results of the initial Chembio Sure Check test or the OraQuick in-home test, will contact and schedule an in-take appointment for the client at the HIV Wellness Center or physician of the client' s choosing.

The counselor, DPH employee or contracted staff, will ensure that the client has the resources to make the first appointment at the Wellness Clinic or private doctor's office.

7. POST-TESTING AND REQUIRED SUBMISSION PAPERWORK

The Delaware HIV Counseling Testing and Referral (CTR) form is required to be entered into Evaluation Web (see icon attached for printout at the end of this document). Negative CTR forms are required to be entered within seven (7) days. Preliminary positive CTR forms are required to be entered in 24 hours or by the next business day.

If preliminary positive:

- Contact DPH HIV Surveillance with client's information. Be prepared to provide client's full name, date of birth, social security number, country of birth, current address, phone number, risk history, date of test, and name of tester.
- Enter CTR form in Evaluation Web within 24 hours or next business day—*Refer to section 2.4*
- Complete, then fax, the legible lab slip to HIV Surveillance—*Refer to section 3.2*
- Complete, then fax, the legible HIV Case Reporting Form to HIV Surveillance—*Refer to section 7.2*
- Schedule client's appointment for confirmatory testing at the nearest State Service Center. Completed LIMS form is required to accompany client for appointment—*Refer to section 1, 3, and 7*
- If client refuses confirmatory testing and/or treatment, you are required to document that refusal in Evaluation Web and on the submitted lab slip
- HIV Prevention staff will contact the Community-Based Organizations (CBO) with the results of the 4th Generation HIV test completed through the Public Health laboratory (the client's confirmatory test).
- Once confirmatory test results are received, client's HIV care appointment should be scheduled—*Refer to section 6*

7.1 LIMS FORM INSTRUCTIONS

When it is necessary for an agency/testing site to send a client to a State Service Center lab for a blood draw, a completed LIMS form is required to accompany the client. The link for the LIMS form is located at the end of this document. Prior to sending the client to the State Service Center for the blood draw, the counselor will contact the lab technician and verify an appointment time.

The counselor is required to complete the following sections of the LIMS form before giving to the client for their appointment:

- Agency/Site name—The name of the agency referring the client for a blood draw
- Client information—Client name, phone number of requesting agency, client's complete address, date of birth, race, gender, and ethnicity

- Clinician—The name of the individual who is referring the client for the blood draw and/or is the individual at the state agency who is going to be receiving the result *Community-Based Organizations may contact HIV Prevention if help is needed in completing this line.
- ICD-10—Enter the code Z11.4
- Test requested—Under the STD section of the lab request check ☐ HIV/Confirmation.
- Insurance Name/Subscriber ID/Plan Group—select N/A

When the client arrives at the State Service Center for the blood draw, the lab technician will obtain the sample, complete the fields "Collection Time" and "Date" and proceed to process the blood sample for transport to the DPHL for confirmation testing.

7.2 REQUIRED REPORTING

Sites conducting HIV testing are required, by law, to report all positive cases to the DPH/HIV Surveillance Program by submitting the most updated Delaware Adult HIV Case Report Form.

Reports are to be submitted via fax within 24 hours of preliminary positive test results. The HIV Surveillance office fax number is (302)-739-2550.

DPH Health Administrative Code 4202

7.4.2.2 Any person who is in charge of a clinical or hospital laboratory, blood bank, mobile unit, or other facility in which a laboratory examination of any specimen derived from a human body yields serological or other evidence of HIV/AIDS, including perinatal exposure to HIV, shall notify the Division of Public Health.

7.4.2.2.1 Reports provided under this subsection shall specify the name, date of birth, race, ethnicity, gender and address of the person from whom the specimen was obtained, laboratory findings, including all CD4 T-lymphocyte percentage test results, all viral load detection test results (detectable and undetectable), and all HIV nucleotide sequencing test results. The name and address of the health care provider and that of the processing clinical laboratory shall also be included.

DPH HIV PREVENTION AND SURVEILLANCE CONTACTS AND CCHS HIV WELLNESS CENTERS INFORMATION:

DPH HIV PREVENTION AND SURVEILLANCE PROGRAMS:

DELAWARE DIVISION OF PUBLIC HEALTH HIV PROGRAMS

Address	Thomas Collins Building 540 S. Dupont Hwy Dover, DE 19901
Fax	302-739-2550

DPH/HIV Surveillance Program Manager (TBD)

Phone	TBD
Email	TBD

DPH/HIV Surveillance Health Program Coordinator (Charlene Rodriguez)

Phone	302-744-1006
Email	Charlene.Rodriguez@delaware.gov

DPH/HIV Surveillance Program Senior Health Representative (Dawn Cirillo)

Phone	302-744-1005
Email	Dawn.Cirillo@delaware.gov

DPH/HIV Prevention Program Administrator (James Dowling)

Phone	302-744-1016
Email	James.Dowling@delaware.gov

DPH/HIV Prevention Health Program Coordinator (Brianna Kresse)

Phone	302-744-1018
Email	Brianna.Kresse@delaware.gov

DPH/HIV Prevention Program PrEP Navigator (Paula Wood)

Phone	302-744-1033
Email	Paula.Wood@delaware.gov

DPH/HIV Prevention Program (Rachel Miller)

Phone	302-283-7157
Email	Rachel.Miller@delaware.gov

DPH/HIV Prevention Program (Ray Collins)

Phone	302-933-3437
Email	Ray.Collins@delaware.gov

CHRISTIANA CARE HIV WELLNESS CENTERS:

William J. Holloway Community Program (New Castle County)

Address	1400 Washington St., Wilmington, DE 19801
Phone	302-255-1300

HIV Community Program Kent Wellness Center (Kent County)

Address	100 Sunnyside Rd., Smyrna, DE 19977
Phone	302-653-1900

HIV Community Program Sussex Wellness Center (Sussex County)

Address	26351 Patriot's Way, Georgetown, DE 19947
Phone	302-933-3420

FORMS

Below are documents to use as reference. Please print from the icons below the form.

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Please Note: ALL FIELDS ARE REQUIRED for Sections 1-4 Then proceed to Section 5 for Reporting Information. Please print legibly.

Lab Slip

Section 1: Organization Information			
Organization Name:			
Street Address:			
City:	State: DE	Zip Code:	Phone Number:
Evaluation Web Form ID:			Fax Number:

Section 2: Client Information			
Client Name:			
Client Street Address:			
Client City:		State:	Zip Code:
Client DOB:	SSN:		Client Phone:
Sex at birth: ☐Female ☐ Male ☐Declined to Answer	Gender Identify: ☐Female ☐ Male ☐ Transgender – FTM ☐Transgender – MTF ☐ Transgender – Unspecified ☐ Another Gender ☐ Declined to Answer		
Race: ☐ African American ☐ Caucasian ☐ Asian ☐ American Indian/Alaskan Native ☐ Don't Know ☐ Declined	Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Don't Know ☐ Declined	Risk: (check all that apply) ☐ Sex with Male ☐ Sex with Female ☐ Injected Drugs	

Section 3: Testing			
Name of Tester	Type of Test	Result	Date of Test
	☐SURECHECK ☐ORAQUICK	☐ Reactive	
Signature of Tester:			
Previous Positive?	☐Yes ☐No		

Section 4: Referral/Linkage to Care	
***If reactive and not previously positive make appointment for confirmatory testing. Once results are received from DPHL (3-5 business days), link client to HIV care appointment.*	
Refused Confirmatory Testing:	☐ Yes ☐ No
Was an appointment made for confirmation testing? ☐ Yes ☐ No	If yes, please indicate which State Service Center and date/time of appointment ☐ Porter ☐ Adams/Georgetown ☐ Shipley ☐ Williams ☐ Milford ☐ Pyle ☐ Hudson Appointment Date: / / Time: : AM/PM

Section 5: Reporting
For all reactive results, HIV surveillance **MUST** be notified via phone. Please contact the Surveillance Office at the following phone numbers: 302-744-1005 / 302-744-1006 / 302-744-1226
Once this form is completed, it **MUST** be faxed to the attention of HIV Surveillance/Prevention at: 302-739-2550

SECTION 6: HIV PREVENTION/SURVEILLANCE PROGRAM STAFF USE ONLY		
City Code:	State no:	Care Status:
Case Number:	Person ID:	
Case Assignment & Date:		

July 11, 2022 HIV Prevention Program

Lab Slip HIV Prevention.docx

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Laboratory

Barcode(s) Label Here

LIMS#: _____ Agency/Site Name: _____ Collection: Date _____ Time_____

Name: (Print Clearly) _____
(Last) (First)

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

(Check all that apply):
Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black Gender: ☐ Male ☐ Female
☐ Native Hawaiian or Pacific Islander ☐ Other Race ☐ White

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown Test Reason: ☐ Screening ☐ STD contact

Insurance Name : _____ Subscriber ID: _____ Plan/Group _____

Clinician (Name and ID#): _____ ICD-10: _____

TEST REQUESTED

STD

- ☐ Chlamydia and GC DNA Amplification: Circle Source: Cx / Urethra / Urine / Oral / Rectal/ Vaginal
- ☐ Trichomonas DNA amplification: Circle Source: CX / Urine/ Vaginal
- ☐ Syphilis
- ☐ HIV / Confirmation
- ☐ Hepatitis C Virus
- ☐ Herpes simplex virus (HSV) / Varicella zoster virus (VZV) Source: _____

CULTURE

- ☐ Bacterial Culture - Source: _____ (Misc., wound, genital, respiratory)
- ☐ Urine Culture
- ☐ Throat for Strep Only
- ☐ Stool Culture – Rule Out Salmonella / Shigella
- ☐ Stool Culture

AFB

- ☐ AFB Culture and Smear Source: _____
- ☐ Mycobacteria Referral - Source: _____
- ☐ Quantiferon

- ☐ **DATA ENTRY BY LAB & SPECIAL REQUESTS**
- ☐ Influenza rRT PCR Source: _____
- ☐ COVID-19 Source : _____
- ☐ COVID-19 Antibody Circle desired test: IgM IgG Natural IgG Vaccine
- ☐ Respiratory Viral Panel (EPI) Source: NP Only
- ☐ Pertussis (Whooping Cough) (EPI) PCR
- ☐ Norovirus PCR (EPI)
- ☐ WNV IgM (serum or CSF)
- ☐ Syphilis – VDRL (CSF Only)
- ☐ Whole Genome Seq Source: _____
- ☐ Carbapenem Resistant Organism Organism: _____
- ☐ Culture Independent Diagnostic Test: _____
- ☐ Bacterial Confirmation for: _____
- ☐ Test for / Rule out: _____
- ☐ Other: _____ Source: _____

Revised 05/04/2021

LIMS Form.pdf

Delaware HIV Counseling, Testing, and Referral (CTR) Form

Section 1: Agency Use Only		
Session Date:	Evaluation Web Form ID:	
Agency Name:	Site Name:	
Site County:	Site Zip:	
Local Client ID:		
Tester Name:		
Section 2: Client Information (complete for all clients)		
Year of Birth: (1800 if unknown)	Client State:	Client Zip:
Client Ethnicity: ☐Hispanic/Latino ☐Non-Hispanic/Latino ☐Unknown ☐Declined		
Client Race: ☐Black/African American ☐White ☐American Indian/Alaskan Native ☐Native Hawaiian/Pacific Islander ☐Asian ☐Not Specified ☐Unknown ☐Declined		
Sex at Birth: ☐Male ☐Female ☐Declined		
Current Gender Identity: ☐Male ☐Female ☐Transgender – Male to Female ☐Transgender – Female to Male ☐Transgender – Not Specified ☐Another Gender ☐Declined		
Previously Tested for HIV? ☐Yes ☐No ☐Unknown		
Section 3: Final Test Information (complete for all clients)		
HIV Test Election ☐Confidential ☐Test not done	Point of Care (POC) Rapid Test Result ☐Preliminary Positive ☐Negative ☐Discordant	
Was result provided to client? ☐Yes ☐No		
Section 4: Negative Test Result (complete for clients testing NEGATIVE for HIV)		
Is Client at risk for HIV infection? ☐Yes ☐No ☐Unknown	Was client screened for PrEP eligibility? ☐Yes ☐No	
Is client eligible for PrEP referral? ☐No ☐Yes, by CDC criteria ☐Yes, by local criteria or protocol	Was client given a referral to a PrEP provider? ☐Yes ☐No	
Was client provided with services to assist with the linkage to a PrEP Provider? ☐Yes ☐No		
Section 5: Positive Test Result (complete for clients testing POSITIVE for HIV)		
Has client ever had a positive HIV test? ☐No ☐Yes ☐Don't know If yes, date of first positive results: __/__/____	Did client attend post-test medical care appointment? ☐Yes, confirmed ☐Yes, client self-reported ☐No ☐Don't know If yes, date attended: __/__/____	
Was client provided with individualized behavioral risk-reduction counseling? ☐No ☐Yes	Was the client's contact information provided to the health department for Partner Services? ☐No ☐Yes	
What was the client's most severe housing status in the last 12 months? ☐Literally homeless ☐Stably housed ☐Unstably housed and at-risk of losing housing ☐Not asked ☐Declined to answer ☐Don't know		
*(Females Only) Is the client pregnant? ☐No ☐Yes ☐Declined to Answer ☐Unknown	*(If pregnant) Is the client receiving prenatal care? ☐No ☐Yes ☐Declined to Answer ☐Unknown	
*(If pregnant) Was the client screened for the need of perinatal HIV service coordination? ☐No ☐Yes	*(If pregnant) Does the client need perinatal HIV service coordination? ☐No ☐Yes	
*(If pregnant) Was the client referred for perinatal service coordination? ☐No ☐Yes		
Continue to Section 6 on page 2		

Section 6: Additional Tests (complete for all clients)	
Was the client tested for co-infections? ☐No (skip to Section 7) ☐Yes (see below)	
Tested for Syphilis? ☐No ☐Yes Syphilis test result (if tested): ☐Newly identified infection ☐Not infected ☐Not Known	Tested for Gonorrhea? ☐No ☐Yes Gonorrhea test result (if tested): ☐Positive ☐Negative ☐Not Known
Tested for Chlamydia? ☐No ☐Yes Chlamydia test result (if tested): ☐Positive ☐Negative ☐Not Known	Tested for Hepatitis C? ☐No ☐Yes Hepatitis C test result (if tested): ☐Positive ☐Negative ☐Not Known
Show Supplemental HIV Test – Choose NO	
Section 7: PrEP Awareness and Use/Population Groups/Priority Populations (complete for all clients)	
Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)? ☐No ☐Yes	
Is the client currently taking daily PrEP medication? ☐No ☐Yes	
Has the client used PrEP any time in the last 12 months? ☐No ☐Yes	
In the past 5 years, has the client had sex with a male? ☐No ☐Yes	
In the past 5 years, has the client had sex with a female? ☐No ☐Yes	
In the past 5 years, has the client had sex with a transgender person? ☐No ☐Yes	
In the past 5 years, has the client injected drugs or substances? ☐No ☐Yes	

Section 8: Essential Support Services (complete for all persons except as indicated)			
*First (3) for HIV positive cases only	Screened for need	Need determined	Provided or referred
Navigation for HIV related medical care*	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
Linkage to HIV medical care*	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
Medication adherence support*	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
Health benefits navigation & enrollment	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
Evidence based risk reduction	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
Behavioral Health	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
Social Services	☐No ☐Yes	☐No ☐Yes	☐No ☐Yes
Notes:			

Counseling,
Testing, and Referra

Instructions for completing the Delaware HIV Counseling, Testing, and Referral (CTR) Form

This form is required to be completed every time you conduct a CTR session with a client. CTR forms that are negative are required to be entered into Evaluation Web every week. All preliminary positive CTR forms are required to be entered in Evaluation Web within 24 hours or by the next business day.

Section 1 – Agency Use Only

The Form ID is automatically generated by Evaluation Web when entering the test data. The only way to access the test (to change or update information) is with the Form ID.

For At-Home Test Kits, please use the Site Name as "At-Home Testing".

The Local Client ID is for your agency's use. Do NOT use any Personally Identifiable Information.

Section 2 – Client Information

Demographic information to be completed for all clients requesting a Rapid HIV test. Do NOT choose "unknown" for answers.

Section 3 – Final Test Information

Completed for all clients requesting a HIV test even if the test was not completed or results were not provided to client. Selections in this category represent the only selections available for Delaware (Confidential & Test Not Done). Evaluation Web will have other selections available, but they are not used by Delaware.

For At-Home Test Kits, please choose "Test not Done". If results are provided change the result in Evaluation Web.

If test was nonreactive, choose "negative". If test is reactive, choose "preliminary positive". Once confirmatory results are returned (3-5 business days), the HIV Prevention team will update the results in Evaluation Web.

Section 4 – Negative Test Result

Completed for all clients completing the test with a non-reactive result. Do NOT choose "unknown" for answers.

Use the following criteria for PrEP eligibility:

CDC's Criteria for PrEP Use

The following indicators for PrEP use are established in the CDC's Updated Clinical Practice Guidelines:

Recommended Indications for PrEP Use by MSM

- Adult man
- HIV-negative

Instructions for completing the Delaware HIV Counseling, Testing, and Referral (CTR) Form

- Any male sex partners in the past 6 months
- Not in a monogamous partnership with a recently tested, HIV-negative man

AND at least one of the following:

- Any anal sex without condoms (receptive or insertive) in the past 6 months
- A bacterial STI (syphilis, gonorrhea, or chlamydia) diagnosed or reported in past 6 months

Recommended Indications for PrEP Use by Heterosexually Active Men & Women

- Adult person
- HIV-negative
- Any sex with opposite sex partners in past 6 months
- Not in a monogamous partnership with a recently tested, HIV-negative partner

AND at least one of the following:

- Is a man who has sex with both women and men
- Infrequently uses condoms during sex with 1 or more partners of unknown HIV status who are known to be at substantial risk of HIV infection (PWID or bisexual male partner)
- Is in an ongoing sexual relationship with an HIV-positive partner
- A bacterial STI (syphilis, gonorrhea in women or men) diagnosed or reported in past 6 months

Recommended Indications for PrEP Use by Persons Who Inject Drugs

- Adult person
- HIV-negative
- Any injection of drugs not prescribed by a clinician in past 6 months

AND at least one of the following:

- Any sharing of injection or drug preparation equipment in past 6 months
- Risk of sexual acquisition

Please contact the state PrEP Navigator to refer clients for PrEP. 302-744-1033

Section 5 – Positive Test Result

Completed for all clients who have a reactive test result. Please note the question regarding the post-test medical care appointment cannot be answered on the day the test was completed, therefore please choose 'Don't know". For other questions in this section, Do NOT choose "unknown/don't know" for answers.

Section 6 – Additional Tests

Completed for all individuals requesting a HIV Test if other tests are offered. If no co-infection tests were completed choose "no" and skip to next question.

Instructions for completing the Delaware HIV Counseling, Testing, and Referral (CTR) Form

Show Supplemental HIV Test – Choose NO

Section 7 – PrEP Awareness and Use/Population Groups

Completed for all individuals requesting a HIV Test.

Section 8 – Essential Support Services

The first three questions are for individuals who tested "positive" only. The following four questions are to be answered for all individuals who are tested.

- Navigation services for linkage to HIV medical care (positive only)
- Linkage services to HIV medical care (positive only)
- Medication adherence support (positive only)
- Health benefits navigation and enrollment (positive/negative)
- Evidence based risk reduction (positive/negative)
- Behavioral Health (positive/negative)
- Social Services (positive/negative)

If you have questions about how to complete this form or need assistance with entering the forms into Evaluation Web, please reach out to Brianna Kresse (DPH HIV Prevention Evaluation Web Jurisdiction Administrator) at Brianna.Kresse@Delaware.gov

Instructions for completing Delawar

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Delaware HIV Prevention - Standard HIV PrEP Referral Form

Note: Please complete this form if the DPH PrEP Navigator is the selection for client PrEP assistance. Agencies may also use direct referral methods with providers if so desired by the client.

Client Name	
Date of Birth	
Address	
Phone Number	
Email	
Primary Language	
Interpreter Required (Yes/No)	
Client Signature	
Referral Agency	
Counselor Name	

Submit completed form to FAX# 302-739-2550 to the attention of the Delaware Public Health HIV PrEP Navigator. If assistance is required, please contact 302-612-2102 and consult the PrEP Navigator.

July 14, 2022 HIV Prevention Program

Delaware HIV PrEP Referral Form.docx